(Rev. 5/05)

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE

(1) Antonio Pudow 335275 (Name of Plaintiff) (Inmate Number)	- : :
26558 Handy Rd. Millsboyo, DE 1991 (Complete Address with zip code)	bb : :
(2)	00-607
(Name of Plaintiff) (Inmate Number)	: (Case Number) : (to be assigned by U.S. District Court)
(Complete Address with zip code)	: :
(Each named party must be listed, and all names must be printed or typed. Use additional sheets if nee	: : ded) :
vs.	CIVIL COMPLAINT
(1) Medical Correctional Medical Service	s(cms)
(2) Department of Corrections	:
(3) C/U Brwden / Huward Brwden (Names of Defendants)	: • • Jury Trial Requested :
(Each named party must be listed, and all names must be printed or typed. Use additional sheets if need	: : led) :
I. PREVIOUS LAWSUITS	
A. If you have filed any other lawsuits in federal including year, as well as the name of the ju	al court while a prisoner, please list the caption and case number adicial officer to whom it was assigned:
_N/17	

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action. Is there a prisoner grievance procedure available at your present institution? • (Yes) • • No A. В. Have you fully exhausted your available administrative remedies regarding each of your present claims? • (Yes) • • No C. If your answer to "B" is Yes: 1. What steps did you take? wrote numerous arrivances and the doctor. 2. What was the result? Nere wasn't and result I'm still buma lanored D. If your answer to "B" is No, explain why not: ш. **DEFENDANTS** (in order listed on the caption) Correctional (1) Name of first defendant: I VICAL Employed as Medical Mailing address with zip code: P.D. Box 500 Coractown. (2) Name of second defendant: Dipartment of Employed as Georgetown, DE. Box 500 19947 Mailing address with zip code: P. ().

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

Georgetown

Correction

(3) Name of third defendant: (10 Bowden Howard Bowden

Employed as Correctional Oblicer

Mailing address with zip code: <u>Y</u>, ().

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. I am supposed to take insulin changed, Causina 4x/day. I'm only causina $D\Omega$ recieving it 2x continues Medical a day. m.D. 2. artevances extremely Low 3. Ollicer, reason. CA blood sugar was extremely low the hollowing morning

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I would like to be compensated for the unjust treatment of the Medical Staff. Doc, and Correctional Officer Bowden. Because I was ignored so long, my high blood sugars have caused me problems with my leas and will probably cause many mon problems in the buture. My illness was not 3 taken scriously.

the Department	
was ignored	
turned in.	
A CONTRACTOR OF THE PARTY OF TH	
C/O Bowden.	
. That was very	
unfair and unjust treatment. I could have died or	
went wite a coma.	
I declare under penalty of perjury that the foregoing is true and correct.	
a docume and or postally and and toxogoning to the document	
2 <u>00b</u>	
(Signature of Plaintiff 1)	

(Signature of Plaintiff 3)

